

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
2001/02
FORM **460**

Page 1 of 26

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 10/01/2007
through 12/31/2007

Date of election if applicable:
(Month, Day, Year)
01/28/2008

Date Stamp

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- | | |
|--|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="radio"/> State Candidate Election Committee
<input type="radio"/> Recall
(Also Complete Part 5.)
<input checked="" type="checkbox"/> General Purpose Committee
<input type="radio"/> Sponsored
<input type="radio"/> Small Contributor Committee
<input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Ballot Measure Committee
<input type="radio"/> Primary Formed
<input type="radio"/> Controlled
<input type="radio"/> Sponsored
(Also Complete Part 6.)
<input type="checkbox"/> Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.) |
|--|--|

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Pre-election Statement
<input checked="" type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
<input checked="" type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Supplemental Preelection
Statement - Attach Form 495 |
|---|--|

This amendment is being filed to adjust the cash on hand balance.

3. Committee Information

I.D. NUMBER
880969

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Drive - Democrat, Republican, Independent Voter Education

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Washington</u>	<u>DC</u>	<u>20001</u>	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

202.624.8796 / drive@teamstersdrive.org

Treasurer(s)

NAME OF TREASURER
C Thomas Keegel

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Washington</u>	<u>DC</u>	<u>20001</u>	<u>202.624.6905</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

dbennett@teamster.org

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/28/2008 By C Thomas Keegel
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 26

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 10/01/2007 through 12/31/2007	CALIFORNIA FORM 460 Page 3 of 26 I.D. NUMBER 880969
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Drive - Democrat, Republican, Independent Voter Education

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$40,268.35	\$146,023.10
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$40,268.35	\$146,023.10
4. Nonmonetary Contributions	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$40,268.35	\$146,023.10

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$26,512.15	\$168,306.96
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$26,512.15	\$168,306.96
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$26,512.15	\$168,306.96

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

Current Cash Statement		
12. Beginning Cash Balance	Previous Summary Page, Line 16	(\$206,601.58)
13. Cash Receipts	Column A, Line 3 above	\$40,268.35
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00
15. Cash Payments	Column A, Line 8 above	\$26,512.15
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	(\$192,845.38)
If this is a termination statement, Line 16 must be zero.		
<hr/>		
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$0.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from 10/01/2007		
through 12/31/2007		Page 4 of 26
NAME OF FILER Drive - Democrat, Republican, Independent Voter Education		I.D. Number 880969

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/4/2007	MANUEL CHAVIRA SAN PEDRO, CA 90732-5001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HORIZON LINES DRIVER	\$2.10	\$100.80	
12/10/2007	MANUEL CHAVIRA SAN PEDRO, CA 90732-5001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HORIZON LINES DRIVER	\$2.10	\$102.90	
12/18/2007	MANUEL CHAVIRA SAN PEDRO, CA 90732-5001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HORIZON LINES DRIVER	\$2.10	\$105.00	
12/21/2007	MANUEL CHAVIRA SAN PEDRO, CA 90732-5001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HORIZON LINES DRIVER	\$2.10	\$107.10	
12/31/2007	MANUEL CHAVIRA SAN PEDRO, CA 90732-5001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HORIZON LINES DRIVER	\$2.10	\$109.20	

SUBTOTAL \$10.50

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$10.50
2. Amount received this period - unitemized contributions of less than \$100	\$40,257.85
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$40,268.35

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 10/01/2007
through 12/31/2007

CALIFORNIA
FORM **460**

Page 5 of 26

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Drive - Democrat, Republican, Independent Voter Education

I.D. NUMBER
880969

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID		_____% RATE		CALENDAR YEAR
				<input type="checkbox"/> FORGIVEN				PER ELECTION**
				DATE DUE				DATE INCURRED
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID		_____% RATE		CALENDAR YEAR
				<input type="checkbox"/> FORGIVEN				PER ELECTION**
				DATE DUE				DATE INCURRED
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID		_____% RATE		CALENDAR YEAR
				<input type="checkbox"/> FORGIVEN				PER ELECTION**
				DATE DUE				DATE INCURRED

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 10/01/2007 through 12/31/2007	CALIFORNIA FORM 460
	Page 6 of 26
I.D. Number 880969	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Drive - Democrat, Republican, Independent Voter Education

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/01/2007</u> through <u>12/31/2007</u>	CALIFORNIA FORM 460
Page <u>7</u> of <u>26</u>	I.D. Number 880969

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Drive - Democrat, Republican, Independent Voter Education

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
 IND - Individual
 COM- Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460	
from	10/01/2007		
through	12/31/2007	Page 8 of 26	
		I.D. NUMBER 880969	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Drive - Democrat, Republican, Independent Voter Education

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/1/2007	Payee Name: Friends of Tom Daly Candidate Name: Tom Daly Clerk Recorder Jurisdiction: (County Name)	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Tom Daly, Clerk Recorder CA	\$500.00	\$0.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/24/2007	Payee Name: FRIENDS OF Senator ELLEN CORBETT 2010 Candidate Name: ELLEN CORBETT State Senator District 10 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	ELLEN CORBETT, STATE SENATE 6th CA	\$500.00	\$2,250.00	2010P: \$2,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/24/2007	Payee Name: Friends Of Warren Furutani 2010 Candidate Name: Warren Furutani State Assembly Person District 55 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Warren Furutani, STATE HOUSE 55th CA	\$500.00	\$1,500.00	2007O: \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$26,510.23
2. Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$26,510.23

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>10/01/2007</u>		
through <u>12/31/2007</u>		Page <u>9</u> of <u>26</u>

NAME OF FILER
Drive - Democrat, Republican, Independent Voter Education

I.D. NUMBER
880969

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/2007	Payee Name: Loni Hancock For State Senate Candidate Name: Loni Hancock State Senator District 09 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Loni Hancock, STATE SENATE 9th CA	\$500.00	\$1,000.00	2008P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/24/2007	Payee Name: SALDANA FOR ASSEMBLY 2008 Candidate Name: LORI SALDANA State Assembly Person District 76 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	LORI SALDANA, STATE HOUSE 76th CA	\$500.00	\$3,500.00	2008P: \$3,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/24/2007	Payee Name: Mary Hayashi for St Assembly Candidate Name: MARY HAYASHI State Assembly Person District 18 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MARY HAYASHI, STATE HOUSE 18th CA	\$1,000.00	\$1,500.00	2008P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/25/2007	Payee Name: BILL CAMPBELL FOR SUPERVISOR Candidate Name: BILL CAMPBELL County Supervisor District 03 Jurisdiction: (Local Jurisdiction Name)	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	BILL CAMPBELL, COUNTY SUPERVISOR 3rd CA	\$500.00	\$500.00	2008P: \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/01/2007

through 12/31/2007

CALIFORNIA
FORM 460

Page 10 of 26

NAME OF FILER

Drive - Democrat, Republican, Independent Voter Education

I.D. NUMBER
880969

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/25/2007	Payee Name: Cmte to re elect Mayor Tony Santos 2010 Candidate Name: TONY SANTOS Mayor Jurisdiction: (Local Jurisdiction Name)	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	TONY SANTOS, MAYOR CA	\$500.00	\$500.00	2010G: \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/25/2007	Payee Name: FRIENDS TO ELECT JOHN GARCIA Candidate Name: JOHN GARCIA SCHOOL DISTRICT Jurisdiction: (Local Jurisdiction Name)	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	JOHN GARCIA, SCHOOL DISTRICT CA	\$500.00	\$500.00	2007G: \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/25/2007	Payee Name: CMTE TO RE-ELECT JUVENTINO 'J' GOMEZ Candidate Name: JUVENTINO 'J' GOMEZ City Council Member Jurisdiction: EL MONTE	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	JUVENTINO 'J' GOMEZ, CITY COUNCIL CA	\$250.00	\$250.00	2007G: \$250.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/25/2007	Payee Name: MICAH ALI COMPTON SCHOOL BOARD Candidate Name: MICAH ALI School Board Jurisdiction: COMPTON	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MICAH ALI, School Board CA	\$250.00	\$250.00	2007G: \$250.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>10/01/2007</u>		
through <u>12/31/2007</u>		Page <u>11</u> of <u>26</u>

NAME OF FILER
 Drive - Democrat, Republican, Independent Voter Education

I.D. NUMBER
 880969

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/25/2007	Payee Name: MONICA GARCIA FOR COUNCIL Candidate Name: MONICA GARCIA City Council Member Jurisdiction: BALDWIN PARK	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	MONICA GARCIA, CITY COUNCIL CA	\$250.00	\$250.00	2007G: \$250.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/25/2007	Payee Name: URTEAGA FOR MONTEBELLO CITY COUNCIL Candidate Name: ROBERT URTEAGA City Council Member Jurisdiction: (City Name)	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	ROBERT URTEAGA, CITY COUNCIL CA	\$250.00	\$250.00	2007G: \$250.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/31/2007	Payee Name: Fiona Ma for Assembly 2010 Candidate Name: Fiona Ma State Assembly Person District 12 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	FIONA MA, STATE HOUSE 12th CA	\$500.00	\$1,500.00	2008P: \$2,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/31/2007	Payee Name: Friends of Supervisor Janet Nguyen Candidate Name: JANET NGUYEN SUPERVISOR Jurisdiction: (Local Jurisdiction Name)	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	JANET NGUYEN, SUPERVISOR CA	\$500.00	\$500.00	2008P: \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>10/01/2007</u>		
through <u>12/31/2007</u>		Page <u>12</u> of <u>26</u>

NAME OF FILER
 Drive - Democrat, Republican, Independent Voter Education

I.D. NUMBER
 880969

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2007	Payee Name: Loni Hancock For State Senate Candidate Name: Loni Hancock State Senator District 09 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Loni Hancock, STATE SENATE 9th CA	\$1,000.00	\$2,000.00	2008P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/31/2007	Payee Name: FRIENDS OF PAT WIGGINS 2010 Candidate Name: PAT WIGGINS State Senator District 02 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	PAT WIGGINS, STATE SENATE 2nd CA	\$500.00	\$500.00	2010P: \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/6/2007	Payee Name: Mike Eng For Assembly 2010 Candidate Name: Mike Eng State Assembly Person District 49t Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mike Eng, STATE HOUSE 49th CA	\$1,000.00	\$2,000.00	2008P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/6/2007	Payee Name: Jane Brunner For City Council Officeholder Candidate Name: Jane Brunner City Council Member Jurisdiction: (Local Jurisdiction Name)	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	JANE BRUNNER, CITY COUNCIL CA	\$1,200.00	\$1,200.00	2008P: \$1,200.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
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SCHEDULE D (CONT.)

Statement covers period

from 10/01/2007

through 12/31/2007

CALIFORNIA
FORM 460

Page 13 of 26

NAME OF FILER

Drive - Democrat, Republican, Independent Voter Education

I.D. NUMBER
880969

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/6/2007	Payee Name: NORBY FOR SUPERVISOR Candidate Name: CHRIS NORBY SUPERVISOR Jurisdiction: (Local Jurisdiction Name)	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	CHRIS NORBY, SUPERVISOR CA	\$1,250.00	\$1,250.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/6/2007	Payee Name: Re-Elect Jan Perry Candidate Name: Jan Perry City Council Member District 09 Jurisdiction: (City Name)	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	JAN PERRY, CITY COUNCIL 9th CA	\$500.00	\$500.00	2009P: \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/6/2007	Payee Name: HOLOBER FOR ASSEMBLY Candidate Name: RICHARD HOLOBER State Assembly Person District 19 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	RICHARD HOLOBER, STATE HOUSE 19th CA	\$1,000.00	\$1,000.00	2008P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/6/2007	Payee Name: WENDY GREUEL FOR CONTROLLER Candidate Name: WENDY GREUEL CITY CONTROLLER Jurisdiction: (Local Jurisdiction Name)	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	WENDY GREUEL, CITY CONTROLLER CA	\$1,000.00	\$1,000.00	2009P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
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SCHEDULE D (CONT.)

Statement covers period

from 10/01/2007

through 12/31/2007

CALIFORNIA
FORM 460

Page 14 of 26

NAME OF FILER

Drive - Democrat, Republican, Independent Voter Education

I.D. NUMBER
880969

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2007	Payee Name: Dr. Ed Hernandez O.D. Democrat for Assembly 2008 Candidate Name: Dr. ED Hernandez State Assembly Person District 57 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	ED Hernandez, STATE HOUSE 57th CA	\$1,600.00	\$3,600.00	2008P: \$3,600.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/30/2007	Payee Name: Tom Ammiano for Assembly 2010 Candidate Name: Tom Ammiano State Assembly Person District 13 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Tom Ammiano, STATE HOUSE 13th CA	\$1,000.00	\$1,000.00	2008P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/3/2007	Payee Name: Friends of Councilman Vincent Sarmiento Candidate Name: Vincent Sarmiento City Council Member Jurisdiction: (Local Jurisdiction Name)	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Vincent Sarmiento, CITY COUNCIL CA	\$1,000.00	\$1,000.00	2008G: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/4/2007	Payee Name: JORDAN BRANDMAN FOR SCHOOL BOARD Candidate Name: JORDAN BRANDMAN School Board Jurisdiction: (Local Jurisdiction Name)	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	JORDAN BRANDMAN, School Board CA	\$500.00	\$500.00	2008P: \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
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SCHEDULE D (CONT.)

Statement covers period

from 10/01/2007

through 12/31/2007

CALIFORNIA
FORM 460

Page 15 of 26

NAME OF FILER

Drive - Democrat, Republican, Independent Voter Education

I.D. NUMBER
880969

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2007	Payee Name: IRA RUSKIN FOR ASSEMBLY 2008 Candidate Name: IRA RUSKIN State Assembly Person District 21 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	IRA RUSKIN, STATE HOUSE 21st CA	\$500.00	\$3,000.00	2008P: \$3,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/26/2007	Payee Name: CMTE TO ELECT STEVE BRISTOW FOR CITY COUNCIL Candidate Name: STEVEN BRISTOW City Council Member Jurisdiction: HAYWARD	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	STEVEN BRISTOW, CITY COUNCIL CA	\$500.00	\$500.00	2008P: \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/14/2007	Intl Gen Tk Dr Whm Hpr Local 315	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	TRANSFER TO AFFILIATED STATE COMMITTEE	\$3,409.48	\$4,565.05	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/14/2007	Teamsters Local 287 DRIVE	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	TRANSFER TO AFFILIATED STATE COMMITTEE	\$3,550.75	\$2,915.50	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$26,510.23

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 10/01/2007 through 12/31/2007	CALIFORNIA FORM 460
Page 16 of 26	I.D. NUMBER 880969

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Drive - Democrat, Republican, Independent Voter Education

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Friends of Tom Daly Santa Ana, CA 92703 Committee ID: 1241200	CTB		Tom Daly, Clerk Recorder CA	\$500.00
FRIENDS OF Senator ELLEN CORBETT 2010 Sacramento, CA 95814 Committee ID: 1294417	CTB		ELLEN CORBETT, STATE SENATE 6th CA	\$500.00
Friends Of Warren Furutani 2010 Sacramento, CA 95814 Committee ID: 1313626	CTB		Warren Furutani, STATE HOUSE 55th CA	\$500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$26,510.23
2. Unitemized payments made this period of under \$100.	\$1.92
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$26,512.15

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/01/2007		
through 12/31/2007		Page 17 of 26
NAME OF FILER Drive - Democrat, Republican, Independent Voter Education		I.D. NUMBER 880969

SEE INSTRUCTIONS ON REVERSE

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Loni Hancock For State Senate Berkley, CA 94705	CTB		Loni Hancock, STATE SENATE 9th CA	\$500.00
Committee ID: 1314017				
SALDANA FOR ASSEMBLY 2008 SAN DIEGO, CA 92169	CTB		LORI SALDANA, STATE HOUSE 76th CA	\$500.00
Committee ID: 1293790				
Mary Hayashi for St Assembly Castro Valley, CA 94546	CTB		MARY HAYASHI, STATE HOUSE 18th CA	\$1,000.00
Committee ID: 1293240				
BILL CAMPBELL FOR SUPERVISOR TUSTIN, CA 92780	CTB		BILL CAMPBELL, COUNTY SUPERVISOR 3rd CA	\$500.00
Committee ID: 1243639				
Cmte to re elect Mayor Tony Santos 2010 SAN LEANDRO, CA 94577	CTB		TONY SANTOS, MAYOR CA	\$500.00
Committee ID: 1281589				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/01/2007	
through 12/31/2007		Page 18 of 26
NAME OF FILER Drive - Democrat, Republican, Independent Voter Education		I.D. NUMBER 880969

SEE INSTRUCTIONS ON REVERSE

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FRIENDS TO ELECT JOHN GARCIA EL MONTE, CA 91732 Committee ID: 1300040	CTB		JOHN GARCIA, SCHOOL DISTRICT CA	\$500.00
CMTE TO RE-ELECT JUVENTINO 'J' GOMEZ EL MONTE, CA 91731 Committee ID: 1251017	CTB		JUVENTINO 'J' GOMEZ, CITY COUNCIL CA	\$250.00
MICAH ALI COMPTON SCHOOL BOARD COMPTON, CA 90222 Committee ID: 1293081	CTB		MICAH ALI, School Board CA	\$250.00
MONICA GARCIA FOR COUNCIL BALDWIN PARK, CA 91706 Committee ID: 1298995	CTB		MONICA GARCIA, CITY COUNCIL CA	\$250.00
URTEAGA FOR MONTEBELLO CITY COUNCIL MONTEBELLO, CA 90640 Committee ID: 1300345	CTB		ROBERT URTEAGA, CITY COUNCIL CA	\$250.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>10/01/2007</u>		
through <u>12/31/2007</u>		Page <u>19</u> of <u>26</u>
NAME OF FILER Drive - Democrat, Republican, Independent Voter Education		I.D. NUMBER 880969

SEE INSTRUCTIONS ON REVERSE

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Fiona Ma for Assembly 2010 San Francisco, CA 94122 Committee ID: 1313995	CTB		FIONA MA, STATE HOUSE 12th CA	\$500.00
Friends of Supervisor Janet Nguyen GARDEN GROVE, CA 92840 Committee ID: 1290201	CTB		JANET NGUYEN, SUPERVISOR CA	\$500.00
Loni Hancock For State Senate Berkley, CA 94705 Committee ID: 1314017	CTB		Loni Hancock, STATE SENATE 9th CA	\$1,000.00
FRIENDS OF PAT WIGGINS 2010 SANTA ROSA, CA 95404 Committee ID: 1295152	CTB		PAT WIGGINS, STATE SENATE 2nd CA	\$500.00
Mike Eng For Assembly 2010 Sacramento, CA 95814 Committee ID: 1313549	CTB		Mike Eng, STATE HOUSE 49th CA	\$1,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/01/2007	
through 12/31/2007		Page 20 of 26
NAME OF FILER Drive - Democrat, Republican, Independent Voter Education		I.D. NUMBER 880969

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jane Brunner For City Council Officeholder Oakland, CA 94609	CTB		JANE BRUNNER, CITY COUNCIL CA	\$1,200.00
Committee ID: 991443 NORBY FOR SUPERVISOR TUSTIN, CA 92780	CTB		CHRIS NORBY, SUPERVISOR CA	\$1,250.00
Committee ID: 1237231 Re-Elect Jan Perry Los Angeles, CA 90025	CTB		JAN PERRY, CITY COUNCIL 9th CA	\$500.00
Committee ID: 1223341 HOLOBER FOR ASSEMBLY BURLINGAME, CA 94010	CTB		RICHARD HOLOBER, STATE HOUSE 19th CA	\$1,000.00
Committee ID: 1267530 WENDY GREUEL FOR CONTROLLER WOODLAND HILLS, CA 91367	CTB		WENDY GREUEL, CITY CONTROLLER CA	\$1,000.00
Committee ID: 1298088				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/01/2007		
through 12/31/2007		Page 21 of 26
NAME OF FILER Drive - Democrat, Republican, Independent Voter Education		I.D. NUMBER 880969

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Dr. Ed Hernandez O.D. Democrat for Assembly 2008 PASADENA, CA 91105	CTB		ED Hernandez, STATE HOUSE 57th CA	\$1,600.00
Committee ID: 1293230				
Tom Ammiano for Assembly 2010 Sacramento, CA 95814	CTB		Tom Ammiano, STATE HOUSE 13th CA	\$1,000.00
Committee ID: 1290516				
Friends of Councilman Vincent Sarmiento Santa Ana, CA 92701	CTB		Vincent Sarmiento, CITY COUNCIL CA	\$1,000.00
Committee ID: 1301723				
JORDAN BRANDMAN FOR SCHOOL BOARD ANAHEIM, CA 92805-2901	CTB		JORDAN BRANDMAN, School Board CA	\$500.00
Committee ID: 1287152				
IRA RUSKIN FOR ASSEMBLY 2008 SAN FRANCISCO, CA 94133	CTB		IRA RUSKIN, STATE HOUSE 21st CA	\$500.00
Committee ID: 1293236				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/01/2007	
through 12/31/2007		Page 22 of 26
NAME OF FILER Drive - Democrat, Republican, Independent Voter Education		I.D. NUMBER 880969

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CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CMTE TO ELECT STEVE BRISTOW FOR CITY COUNCIL HAYWARD, CA 94542	CTB		STEVEN BRISTOW, CITY COUNCIL CA	\$500.00
Committee ID: 1301004 Intl Gen Tk Dr Whm Hpr Local 315 Martinez, CA 94553	CTB		TRANSFER TO AFFILIATED STATE COMMITTEE	\$3,409.48
Committee ID: 861299 Teamsters Local 287 DRIVE San Jose, CA 95112	CTB		TRANSFER TO AFFILIATED STATE COMMITTEE	\$3,550.75
Committee ID: 910273				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$26,510.23

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 10/01/2007
through 12/31/2007

CALIFORNIA
FORM 460

Page 23 of 26

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Drive - Democrat, Republican, Independent Voter Education

I.D. NUMBER
880969

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** _____
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** _____
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** _____
May be a negative number.

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 10/01/2007
through 12/31/2007

CALIFORNIA FORM 460
Page 24 of 26
I.D. NUMBER 880969

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Drive - Democrat, Republican, Independent Voter Education

NAME OF AGENT OR INDEPENDENT CONTRACTOR

- CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Table with 4 columns: NAME AND ADDRESS OF PAYEE OR CREDITOR, CODE, OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. The table contains multiple empty rows for data entry.

Attach additional information on appropriately labeled continuation sheets. TOTAL*

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period from 10/01/2007 through 12/31/2007	CALIFORNIA FORM 460
	Page 25 of 26

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Drive - Democrat, Republican, Independent Voter Education

I.D. NUMBER
880969

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN				CALENDAR YEAR
								PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN				CALENDAR YEAR
								PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.)
(Enter the net here and on the Summary Page, Column A, Line 7.)

NET
(May be a negative number)

** If Required

Schedule I
Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 10/01/2007
through 12/31/2007

SCHEDULE I

CALIFORNIA FORM 460

Page 26 of 26

I.D. NUMBER 880969

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Drive - Democrat, Republican, Independent Voter Education

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$0.00

Schedule I Summary

1. Increases to cash of \$100 or more this period.....\$0.00
2. Unitemized increases to cash under \$100 this period.....\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....TOTAL \$0.00